**Food and Nutrition Cultural**

**Competency**

Leader’s Guide

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Throughout the United States, demographic changes are occurring among both residents and staff. Successful nursing facilities will not only be aware of these changes but will also address the impact these changes have on both the provision and the receipt of food and nutrition services.

All residents have rights guaranteed to them under federal and state laws. Each resident has the right to be treated with dignity and respect. This includes respect for one’s cultural beliefs and practices. All activities and interactions with residents by any staff, temporary agency staff, or volunteers must focus on assisting the resident in maintaining and enhancing their self-esteem and self-worth and incorporating the resident’s goals, preferences, and choices. When providing care and services, staff must respect each resident’s individuality, as well as honor and value their input.

Food and Nutrition Cultural Competency is extremely important in the field of healthcare. Both the organization and the individual caregiver must examine cultural biases and learned prejudices, develop active listening and effective communication skills, and spend time with others who are working on their own cultural competency.

The key components for a high degree of Food and Nutrition Cultural Competency include awareness, knowledge, attitude, and skills. Awareness of one’s own biases and reactions to people who are of different cultures or backgrounds is the first step. Gaining knowledge allows a person to analyze their own belief systems and attitudes. Skills incorporate not only these components but also those associated with the facility’s food preparation and dining functions.

Item A1100A of the MDS 3.0 asks, “Does the resident need or want an interpreter to communicate with a doctor or health care staff?”[[1]](#footnote-1) If the response is “Yes,” the preferred language is identified at A1100B. Additionally, A1000 of the MDS 3.0 asks the resident or resident representative to identify all applicable races/ethnicities among:

* American Indian or Alaska Native
* Asian
* Black or African American
* Hispanic or Latino
* Native Hawaiian or Other Pacific Islander
* White[[2]](#footnote-2)

Additional food and nutrition cultural information can be obtained from interviews and medical records.

Food is an important part of life; and in the multi-cultural United States, there are various religious and cultural practices around food. Food is used in celebrations and helps to maintain ties with tradition and family.

Of course, the key driver for eating is hunger; however, what we choose to eat is not determined solely by physiological or nutritional needs.

* Biological determinants such as hunger, appetite, and taste
* Economic determinants such as cost, income, availability
* Physical determinants such as access, education, skills (*e.g.* cooking) and time
* Social determinants such as culture, family, peers, and meal patterns
* Psychological determinants such as mood, stress, and guilt
* Attitudes, beliefs and knowledge about food[[3]](#footnote-3)

The intent of the CMS Requirements of Participation at §483.60 Food and nutrition services (F800) is “to ensure that facility staff support the nutritional well-being of the residents while respecting an individual’s right to make choices about his or her diet.”[[4]](#footnote-4) Within the guidance portion of the requirement, emphasis is placed upon ongoing communication and coordination among and between staff within all departments to ensure that the resident assessment, care plan, and actual food and nutrition services meet each resident’s daily nutritional and dietary needs and choices. Guidance acknowledges meeting both preferences and needs can be challenging; yet it also stresses that reasonable effort to accommodate choices and preferences must be addressed by facility staff.

There are important potential risks in training about any aspects of culture. First, training must avoid simplistic generalizations that can lead to stereotyping of individuals from different cultural groups. Any training should emphasize sensitivity to variations within populations.

Organizational leaders will need to ensure competency of all staff members regarding Food and Nutrition Cultural Competency. Adequate resources for the program will need to be evaluated using information from the Facility-Wide Resource Assessment including:

* Staff Resources
	+ Leadership and managerial staff
	+ Registered Dietitian
	+ Direct caregivers – licensed nurses, CNAs, activities staff
	+ Dietary support staff
	+ Human Resources
* Documentation Considerations
	+ Paper *vs.* Electronic
	+ Assessment/Evaluation forms
	+ Care planning
* Education
	+ Cultural and religious backgrounds of residents and staff
	+ Food preparation techniques
	+ Communication
	+ Residents Rights
	+ Resources
* Evaluation and Monitoring
	+ Observations, Interviews, and Record Reviews
	+ QAPI
* Supplies and Equipment, *Etc.*
	+ Kitchens – preparation and serving
	+ Cooking and serving equipment
	+ Food vendors
	+ Policies related to family/friends supplying food and in-room food storage
	+ Translation services, software

**References and Resources**

Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual, Version 1.16. October 2018: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

The European Food Information Council

“The determinants of food choice”

<https://www.eufic.org/en/healthy-living/article/the-determinants-of-food-choice>

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Position of the Academy of Nutrition and Dietetics: Individualized Nutrition Approaches for Older Adults: Long-Term Care, Post-Acute Care, and Other Settings Dorner, Becky et al. Journal of the Academy of Nutrition and Dietetics, Volume 118, Issue 4, 724 - 735

#### Academy of Nutrition and Dietetics: Revised 2018 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Post-Acute and Long-Term Care Nutrition Robinson, Gretchen E. et al. Journal of the Academy of Nutrition and Dietetics, Volume 118, Issue 9, 1747 - 1760.e53

” National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice” Office of Minority Health, U.S. Department of Health and Human Services, April 2013

<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>

LTC Survey Pathways (Download)

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

* CMS-20053 “Dining Observation”
* CMS-20055 “Kitchen/Food Service Observation”
* CMS-20062 “Sufficient and Competent Nurse Staffing Review”

The Joint Commission: *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*. Oakbrook Terrace, IL: The Joint Commission, 2010.

<https://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf>

Stanford School of Medicine Ethnogeriatrics

<https://geriatrics.stanford.edu/ethnomed.html>

Health Information Translations

<https://healthinfotranslations.org/>

American Translators Association

<https://www.atanet.org/onlinedirectories/search_advanced.php>

Health Information in Multiple Languages

<https://medlineplus.gov/languages/languages.html>

Toolkit for Making Written Material Clear and Effective

<https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/writtenmaterialstoolkit/>

National Quality Forum (NQF). A Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency: A Consensus Report. Washington, DC: NQF; 2009

1. 1,2 Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual, Version 1.16. October 2018: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html> [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. The European Food Information Council. “The determinants of food choice” <https://www.eufic.org/en/healthy-living/article/the-determinants-of-food-choice> [↑](#footnote-ref-3)
4. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-4)